



Mayo Pharmacy Shipping Service Request Form

Welcome to the Mayo Pharmacy Shipping Service —
a convenient service for new prescriptions and refills.

How To Order

- Please complete the requested information carefully and clearly. The numbers requested are shown on your medical card. Mail your prescription request in the postage paid envelope provided.
- Upon receiving your request, Mayo Pharmacy will fill your prescription, ship it to your home and charge the appropriate co-payment to your credit card.
- Your prescription will be shipped via first class mail or UPS. Express delivery is available for an additional charge of \$10.

Employee Information

Employee Name	Member ID #	Carrier #	Group #
Street Address			
City	State	Zip	
() Daytime Phone	() Evening Phone		

New Prescriptions

New prescriptions must be mailed to Mayo Pharmacy. Please complete the information below on all new prescription requests.

Patient's Name	Birthdate	Male Female (circle one)	Self Spouse Other (circle one)
<input type="checkbox"/> Drug allergies: _____			
<input type="checkbox"/> Current medications: _____			

Refills

You may refill your Mayo Pharmacy prescription by providing your prescription number and using any of these three convenient ordering methods:

1. **Call-in:** 284-4041 or 1-800-445-6326
2. **Fax completed form to:** 507-284-5824
3. **Mail in postage paid envelope**

or to: Mayo Pharmacy Annex
Brackenridge Building, Lower Level
Mayo Clinic
200 First Street SW
Rochester, MN 55905

Prescription refill numbers requested:

(Prescription refill # is found in upper left portion of the label.)

#	_____
#	_____
#	_____

Payment Information — Credit card payment only.

Please Check: ☐ Regular delivery ☐ Express delivery (+\$10.)

Please bill my credit card: ☐ Visa ☐ Mastercard ☐ Amex ☐ Discover

Cardholder's Name (please print)	Card Number	Expiration Date
_____	_____	_____/_____/_____
Cardholder's Signature	Signature Date	
_____	_____/_____/_____	